



Department of Public Health & Human Services, Helena

**Meeting Minutes
February 8, 2010**

I. Call to order

Dennis Maier, MD called to order the regular meeting of the **State Trauma Care Committee** at **1130** on **February 8, 2010** in **Helena, MT**.

II. Roll call

Roll call was conducted and the following persons were present:

Present: Kristin Lowery, Elaine Schuchard, Freddy Bartoletti and Lauri Jackson.
Dennis Maier, Lyndy Gurchiek and Brad Vonbergen attended by teleconference.
Justin Grohs attended by conference call.

Absent: Pauline Linnell, Andrew Michel, Tim Sinton, Jonathan Weisul

Guests: Bobbi Perkins, Gail Hatch, Jim DeTienne, Jennie Nemec, Carol Kussman, Sam Miller, Jim DeTienne and Dayle Perrin.
Penny Clifton, John Bleicher, Jason Mahoney and Lindsey McCurdy attended by teleconference.

The minutes of the previous meeting were read and approved.

III. Handouts

- Agenda & previous meeting (2-8-10) minutes
- CRTAC, ERTAC & WRTAC meeting minutes
- MT rural Healthcare Performance Improvement Network Trauma Care Clinical Study

IV. RTAC Reports

a) Central RTAC report given by Lauri Jackson

The last CRTAC meeting was January 28, 2010 and hosted by Benefis Healthcare. Dr. Chad Engan, CRTAC Chair conducted the meeting. Six facilities were represented with 16 attendees. Meeting minutes were distributed.

State report was given by Jennie Nemec, CRTAC Trauma Registry data report for 2009, 1st-3rd quarters was given by Carol Kussman.

Benefis is working to provide improved communications and feedback for transferred patients and will begin closer review of care provided in referral facilities with the goal of improved care through coordinated oversight for regional transfers.

Diagnostic imaging/Xrays still need to be “pushed” as early as possible for regional referrals and strategies for imaging linkages still needs regional focus for improvement and continuity.

Subcommittee reports:

Injury prevention/Education

Safety First Rally is May 22, 2010 in Great Falls.

Rocky Mountain Rural Trauma Symposium planning; 2010 conference is in Helena, September 16 & 17 at the Great northern Hotel. Lynne Gerber Smith is returning, Igor Shafhid will present Radiological Exposure @ Chernobyl and demonstrate decontamination procedures, BOME session, Injury Prevention/Traumatic Brain Injury session, Controversies in CSpine Immobilization, EMS Documentation, Implementation of TBI Guidelines; Prehospital through Transfer and Cultural Perspectives for the Native American Trauma Patients are all scheduled so far..

Trauma case reviews were presented addressing TBI and interventional strategies for management.

The next CRTAC meeting is scheduled for April 22, 2010 at Benefis Health Care

b) Eastern RTAC report given by Penny Clifton

The last ERTAC meeting was December 10, 2009 at the Mansfield Heath Education Center. Meeting minutes were available for review.

Case reviews included Use of Supplemental Oxygen in Trauma Patients, Management of Open Fractures, Use of Skeletal Muscle Relaxants Prior to Transfer and Positioning of Pelvic Binder in Pelvic Fractures.

RMRTS in Red Lodge was a huge success with 240 attendees, 99 ERTAC scholarships.

ATCN will be offered for RNs concurrently with Billings ATLS Courses in April and November, 2010.

c) Western RTAC report given by Krissy Lowery

The WRTAC meeting was held on January 8, 2010 hosted by St. Patrick Hospital in Missoula. WRTAC meeting minutes were distributed for review.

Case reviews addressed a complicated case with several needs for integration with local law enforcement, staff and facility security and safety with a discussion regarding locating perpetrators, scene/facility staging/lockdown procedures and the importance of on-going communications in security situations. Additional case reviews; a MVC trauma patient whose medical issues caused the crash, sustained additional injuries and led to new diagnosis of cancer; additional cases reviewed increased bleeding with resuscitation following penetrating trauma, two obese trauma patients presenting management and diagnostic issues due to their size and a patient whose critical injuries were successfully managed in no small part due to effective trauma Performance Improvement process implementation.

TEAM course was reviewed, new trauma care guidelines for Central line Placement and Anticoagulation guidelines were distributed for review. King Airway issues were reviewed and discussed. The Montana ET state-wide study begins May 1. The three-month pilot study in Missoula has already begun.

State Trauma Report/Update was given by Jennie Nemec and the WRTAC Trauma Registry report for 2009, 1st-2nd quarters.

The next WRTAC meeting is scheduled for April 16, 2010 at St. Patrick Hospital in Missoula..

V. State Trauma Report Jennie Nemec

ATLS Courses scheduled, 2010:

March 5 & 6, Great Falls

April 9 & 10, Billings

June 11 & 12, Missoula

October 15 & 16, Missoula

November 5 & 6, Billings

Applications, info, available slots on EMSTS website: www.dphhs.mt.gov/ems

State Designation activity:

Focused Reviews:

Dillon	TRF F 3/3/10	
Whitefish	TRF 3/10/10	
Redesignation:	Big Timber 11/10	TRF
Designation:	Scobey 1/14	TRF
	Lewistown 1/26	CTH
	Colstrip 2/3	TRF
	Crow Agency 2/17	TRF

FR/Documentation (3/2010)

	Conrad	TRF
	Superior	TRF
“On Deck”	Phillipsburg	TRF

ACS Level III/MT Area Trauma Hospital	
Focused Review	Kalispell March 8
ACS level II/MT Regional Trauma Center	
Re-verification/Designation review	
St. Patrick, Missoula	March 8 & 9

ACS Level II/MT Regional Trauma Center

Re-verification/designation review

Billings Clinic May, 2010

Education/Meetings:

TC/TR meeting: February 9, 2010 Helena

WebEx 0900-1200

- Update
- Documentation of PI
- Trauma Patients on Anticoagulants
- Will schedule additional WEBEXs for:
Further TC topics

WebEx February 24, 2010, 0900-1100

For Trauma Registrars: Collector Report Writer

Victims of Violence in the ED- Feb 5, Glasgow

Advanced Care Trauma for Nurses- w/ATLS Billings April/November-contact Penny Clifton

Pediatric care- March 18 & repeated March 19

Benefis

Spring Fever April 17, Missoula- John Bleicher

Rimrock Trauma Conference May 20, Billings

P. Clifton

Montana Health Research and Education Foundation;

09-10 MHREF Rural Flexibility grant funds:

- 1) Funds for regional ATLS equipment
 - 2) Development of web-based Trauma Coordinator education course
 - 3) Pre-Hospital Trauma Course support
- Advanced Assessment & Treatment of Trauma Course
AAOS, 1 day course, 2 hr on-line pre-course, 2/4/10 in Helena
2 levels: Basic (FR, EMT-Bs)
Advanced: EMT-I/Paramedic

Regional Course Coordinator/Instructors

WRTAC: Tony Pope, Missoula

Francine Janik, Whitehall

CRTAC: Rosie Rosalez, Great Falls

Will Kussman, Helena

Lauri Jackson, Great Falls

ERTAC: Jason Mahoney, Billings

Carole Raymond, Forsyth

Bobbi Beehler, Hardin

Course Cost/Books: \$ 48/each

Adapting Advanced book & course to all levels

“Pilot” course February 4, 2010

27 students (25/27 agreed to become Instructors)

Charge future course attendees state-supported courses only for ½ book cost (\$24/each)- buy more books

Advanced Burn Life Support

9/22- Billings;18, 9/24- Glasgow; 17

Missoula: January 26-22

Kalispell: January 28- 22

Total= 116 Montana students attending to-date (EMTs, RNs, MDs, mid-level providers)

Preparedness

BDLS: budgeted for 3 courses, TBD Feb, March, April 2010

ADLS: budgeted 1 course, June 25/26 @ Fairmont

FY 09 Pandemic Flu Grant: \$278,358

47/64 facilities have received funds- still

Funding available for those who have not applied

Some funds used to purchase or rental of facilities

ventilators: 15

FY09 Hospital Preparedness Cooperative Agreement: \$1,523,896

Funding for activities related to ASPR

Regional & Area : \$30,000

Community/Receiving; \$15,000

2nd half available following completion of mid-year report due 1/20/2010

HPP in collaboration w/SNS has PPE cache that may be utilized if hospital runs out & unable to resupply by normal channels or mutual aid Request number: 406-444-3075 (24/7)

Emergency Care Committee

Last meeting 12/7/09, WebEx

Air Medical Work Group- activation guidelines problematic- some communities unable to incorporate due to lack of EMD training

Pan Flu workgroup

STEMI system

State Trauma System issues continue to receive attention and focus through RTACs and STCC;

Pediatric Neurosurgery availability

Nationally 75% neurosurgeons not operating on children

53% neurosurgeons changed patient mix

NOT just an issue in Montana, but a national issue and here to stay. Local/Regional planning remains essential for alternatives when regional pediatric neurosurgery is not available to save time w/injured pediatric patients requiring neurosurgical evaluation/treatment.

SVH, Billings is exploring establishing a telemedicine Consultation process for moderate (not severe) head injuries with Denver Children's Hospital and is working to get SVH neurosurgeons involved within Billings.

Air Medical Safety

ECC: Air Medical Work Group

All interested flight services, others invited

Google Group

Inter-facility Transfer Care

State/Regional/National issue

Rural areas continue to struggle with challenges in consistent provision of appropriate care for patients requiring inter-facility transport.

Options:

Flight programs; availability: Medicaid denials of reimbursement "nearest hospital"- documentation essential!

Critical Care Transport ground programs

Ground ALS/BLS w/facility staffing

Ground BLS w/no one else

State Trauma registry data report was presented by Carol Kussman and data issues discussed.

VI. Montana Rural Healthcare Performance Improvement Network: Trauma Care Clinical study

Carol Bischoff, MHREF, presented the MT PIN Network Trauma care Clinical Study the participating CAHs engaged in this last year. Results of the study were provided and reviewed. Twenty-one CAHs submitted baseline data for 323 trauma cases seen between 7/1/07 and 6/30/08. Twenty-three PIN facilities then submitted re-measurement data for 356 trauma cases seen between 7/1/08 and 6/30/09. Participants from all five PIN peer groups submitted data for both baseline and re-measurement. Composite scale score improved for; EMS, initial Hospital Assessment, Secondary Survey, and Treatments provided. A composite scale score declined only in provision of Discharge Instructions.

Results:

Improvements Noted:

- Pre-Hospital, EMS: EMS Trip sheet provided to receiving facility
Documentation of EMS Response Times
Facility Trauma Team Activation initiated by EMS when appropriate
Vital Signs taken in the field
Treatments provided documented
C-Spine precautions placed
- CAH ED Care, Initial Assessment:
Documentation of all elements of the ED assessment
- CAH ED Care Provider's Secondary Survey:
Documentation of all elements of the medical provider's secondary survey
- CAH ED Treatments & Interventions Documentation:
Recording of Vital Signs every 15 minutes or CCM
Insertion of 2 18-gauge or larger IVs
Intubation of appropriate patients ($GCS \leq 8$)
Chest tube insertion for appropriate patients w/pneumothorax
Intake/Output documentation
- Trauma Patients Discharged Home:
Including in discharge instructions information about activity restrictions,
follow-up care & symptoms indicating need to return to ED

Opportunities for Improvement Remaining:

- Pre-Hospital, EMS: Continue working with facilities to maximize appropriate trauma team activation
Primarily CSpine and backboard placements
- CAH ED Care, Initial Assessment:
Assessment of extremity pulses
Pregnancy status in women of child-bearing age
- CAH ED Care Provider's Secondary Survey:
Documentation of presence/absence of injury to back, pelvis & rectal areas
- CAH ED Treatments & Interventions Documentation:
Encouraging appropriate intubation and chest tube use
I & O documentation
Documentation of all medications administered
- Trauma Patients Discharged Home:
Ensuring 100% trauma patients discharged home receive discharge instructions
Documentation concerning activity, dietary restrictions
Instructions for use of discharge medications
Symptoms indicating a need to return to ED

VII. EMS System Jim DeTienne

Budget constraints are affecting and will continue to affect some processes, but on-going planning helps address those issues.

Legislation will focus on primary Seat belts again. DOT will provide testimony and the Harborview study will be utilized for additional support.

HRMHS update: Hospital Preparedness is working on testing the HAV-BED system. The system will have capability for developing a trauma resource profile for inter-facility sharing of information on availability of such resources as beds, neurosurgical status, OR availability, etc.

BOME Dual Licensure Task Force is currently exploring educational requirements for nurses working in the pre-hospital setting. Three areas of practice utilizing nurse include Ground Ambulance 911 calls, Flight 911 critical care and inter-facility transport/transfers. The task force is currently only evaluating additional requirements for education/orientation pertinent to the setting/role for nurses responding to Ground pre-hospital calls. EMSTS is considering change rule language to reflect nurses, not "EMT equivalents". Many hospital facilities continue to address questions as to who nurses work for on the calls and therefore what the risk/liability/coverage issues are for their facility. These clarifications will not necessarily define those items for hospital facilities.

The Montana Simulation Center in Butte is exploring development of educational capabilities utilizing its supercomputer and many levels of simulation training for EMS, hospitals, all levels of healthcare providers and with an eye to identification of rural medical educational needs. They currently have a contract with the Air Force and are currently providing some forms of tactical, medical and response education/training. Company representatives have held several public meetings across Montana to discuss their plans, seek additional interest & identify educational needs.

VIII. EMS-Children Joe Hansen

Joe presented components of the CA PIN Pediatric study that is proposed to be launched in Spring, 2010. The intent is to obtain specific pediatric care information in CAHs to allow us to identify and target strategies for needed pediatric education, equipment, supplies and resources/tools for enhancing care provided to pediatric patients.

Resources to be made available include the Utah Pre-hospital Care Protocols & Vital Sign Cards, other resources on the UT EMS-C website, Harborview Pediatric Education modules, flash videos and alternate methods of educational delivery.

IX. Injury Prevention Bobbi Perkins

- 1) The newly-formed Injury Prevention Coalition held its initial meeting two weeks ago. Plans are for quarterly meetings, some by WebEx to share ideas, strategies and program plans.

- 2) Priority targeted activities for IP are:

Motor Vehicle Crashes: SB Coalition meets later this week. Additional related strategies are also being emphasized, including cell phone/testing restrictions., reduction in alcohol-related crashes/implementation of SBIRT (Screening & Brief Intervention Referral to Treatment) in hospitals. The initial pilot project includes 10 hospitals/student health clinics. Efforts are underway to define a data collection element for further project quantification.

Fall Prevention: the comprehensive Fall Prevention program "Stepping On" will be offered to 5-10 Montana Hospitals with orientation to the seven-week course for seniors targeting behavioral

changes important to prevention of falls. Materials to conduct the course will be provided and course components include: Review of Medications, Exercise components including balance/strength training and Vision Testing.

- 3) The Traumatic Brain Injury Association is developing new brochures to be provided in EDs/clinic to patients & families of patients with mild TBI. Strategies for increasing ED referrals to the TBI Referral System are being explored. Consistent with Systems PI process & targeted IP activities, The Injury Prevention education session @ 2010 Rocky Mountain Trauma Symposium will address the TBI issues and offer resources to those attending. There will also be a table in the vendor area for additional TBI information and referral resources for conference attendees.

X. Subcommittee Reports

Education- Lauri Jackson

TEAM course issues continue. Finding physicians willing to present the physician component of the course remains challenging. One idea being explored would be to videotape the physician giving the lecture to show during the course. While less ideal than giving the lecture in-person, would at least permit the course to be conducted. One of the most beneficial components of the course for the communities where TEAM courses have been conducted has been the on-site participation of physicians as faculty to instruct trauma resuscitation, mentor rural providers and discuss/address regional systems issues/concerns related to interfacility transfers.

2010 Rocky Mountain Rural Trauma symposium planning continues. Joe Hansen has offered additional EMS-C support as needed to provide a pediatric speaker.

ATT Pilot course was held in Helen 2/4/10 and 27 additional students attended, most of which will become CC/Instructors for the course. While not as comprehensive as PHTLS and not considered a “substitute” for PHTLS, attendees & faculty felt the ATT course can provide valuable introductory pre-hospital trauma care.

Performance Improvement/Emergency Preparedness: update given during the state report

Public Advocacy/Legislative- no meeting

XI. Public Comment

None received.

Adjournment

Chairman Dennis Maier adjourned the meeting.

The next State Trauma Care Committee meeting will be held in Helena, TUESDAY, May 11 2010.

XI I. Other

Case Reviews were not presented due to technical difficulties and will be presented at the next STCC meeting. Minutes respectfully submitted by: Jennie Nemec, RN, Trauma System Manager